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DEPARTMENT OF
WATER RESOURCES

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REQUEST FOR VARIANCE
OF IDWR APPROVED FLOW METER REQUIREMENT
FOR IRRIGATION WELLS
Please fill out a form for each affected well

A variance will only be considered or approved for simple systems, open discharge wells, or for non-approved flow meters installed prior to the date of an IDWR measurement order.

Please note: this request must be approved before you may use any alternate measurement method.

Owner/Operator: **BLAINE LARSEN FARMS, INC**
Well Name: **401 & 404**
IDWR site tag: **A0005874**
Legal description: **8N 36E 27 SE**
Water District: **WD 110**
Reporting District: **JEFFERSON-CLARK GWD**
(ground water district, irrigation district or other entity)

Please indicate the method of measurement you wish to use and have approved:

XX Power Consumption Coefficient (PCC) (*only for irrigation diversions that consist of one well and one irrigation discharge point or one distinct flow and demand condition)*

____ Hour Meter / Time Clock *(one well, open discharge)*

____ Existing operating flow meter (*installed prior to the date of the effective order, and determined as acceptable by the Department)*

____ Standard Open Channel Device *(one or multiple wells, open discharge, device must be read daily or flows must be continuously recorded)*

If you are requesting a variance, you must answer the following questions:

1. Does the well open discharge into a pond or ditch? ____Yes **XX** No *(if YES, skip to #3)*
2. Is the well interconnected to other wells? ____Yes **XX** No
3. What is the pump discharge line size? **10"**
4. Please describe the irrigation equipment used with this well (*example: center pivot with or without end gun, ¼ mile wheel lines, solid set hand lines, etc. Please describe number and length of hand/wheel lines. Describe system as accurately or completely as possible, including different operating conditions if any).*

2 CENTER PIVOTS WO / END GUNS - SAME CROP

Does your pivot(s) system operate with corner machines? ____Yes **XX** No

Does your pivot(s) operate with an end gun? ____Yes **XX** No.
If a pivot has an end gun, estimate the percent time the end gun operates. ____*% time end gun is on*

Approximate number of acres irrigated by this well: **240** acres

over

5. Is there a flow meter presently installed on your well? ___yes **XX**no

Type: _____ *(magnetic, propeller, insertable,etc)*

Manufacturer: _____

Installation date: _____

Is the meter operable?: _____Yes _____No

6. Are there multiple pumps or other electrical loads wired to the same electrical demand meter? **XX** Yes _____No
(example: surface water pumps, booster pumps, pivots)

If yes, please describe other electrical loads: **PIVOT POWER**

How many are in-line pressure boosters? _____

Do in-line boosters always run with the well? _____Yes **XX** No

7. Does the system operate with a variable frequency drive? _____Yes **XX** No

On Well motor: _____

On Booster motor: _____

On Both: _____

8. Does the well supply water for use other than irrigation? *(Example: stock water, commercial)*

_____Yes **XX** No If yes, please list uses: _____

9. Does the well production decrease over the irrigation season? _____Yes **XX** No

Does pumping water level decrease over the irrigation season? _____Yes **XX** No

If yes, approximately how much does the level decrease (in feet)? _____

If you answered YES to any of the questions #6 through #9, your system is not likely a candidate for the Power Consumption Coefficient (PCC) method of measurement. You will be required to install a flow meter.

If the system is an OPEN DISCHARGE system (answer to #1 is YES) and well production does not decrease during the irrigation season (answer to #9 is NO), then the system may be a candidate to use an hour meter for measurement.

Required for all systems: Please attach a diagram or photo of the wellhead and pumping plant. Include or show locations of all proposed or existing flow meters, and the locations of boosters, valves, elbows, chemigation ports, etc., and the spacing between each.

PLEASE PROVIDE YOUR SIGNATURE AND CONTACT INFORMATION, AND RETURN ALL FORMS TO:

IDWR
PO BOX 83720
BOISE ID 83720-0098

Scott Clawson

SCOTT CLAWSON, WATER RIGHTS SPECIALIST, LARSEN FARMS **9/5/17**

Name/Title *Date*

208-709-0151 **sclawson@larsenfarms.com**

Phone Number *e-mail address*